

Follow-up Samples

\$92 per samples PAYMENT REQUIRED WITH SAMPLE

July 1, 2024 - June 30, 2025 (Fiscal Year 2025) DNR – SWCP Cover Crop Cost Share Sample Form

1. Name(s) _____
2. Address _____
3. Telephone(s) _____
4. E-mail address(es) (to receive electronic receipts and reports) _____
5. District employee e-mail (to send electronic receipts) _____
6. County (where sample taken) _____ Soil and Water Conservation District (county) _____
7. Farm, Tract, and Field Number from Conservation Plan (**REQUIRED**) _____
8. Field nickname or identifier for results report (Example: Dad's Back Forty) _____
9. **Sampling Date** _____

10. **Soil series/soil mapping unit** sampled (current USDA-NRCS Soil Survey) _____

11. **Sample Latitude, Longitude** (Example Lat. 38.850 Long -92.191 **REQUIRED**) Lat. _____ Long. _____

12. In which **year** was the original soil health sample for the cover crop cost share program? _____

13. Circle which best describes the field's **crop types in rotation** since the first year of cover crop cost share (initial sampling):

Cont. corn Cont. soybeans Corn/soybean Corn/Soybean/Wheat Soybean/Wheat Other _____

14. Circle which best describes the field's **tillage** since the first year of cover-crop cost share:

No Till Rotational No Till Reduced/Conservation Tillage Intensive tillage

15. Describe cover crops on the field for each growing season:

	Cover Crop Stand/Growth			Species Mix (circle all that apply)				Winter Kill	
	<i>good</i>	<i>poor</i>	<i>none</i>	<i>grass</i>	<i>legume</i>	<i>brassica</i>	<i>other broadleaves</i>	<i>Yes</i>	<i>No</i>
2019									
2020									
2021									
2022									
2023									

15. Has **manure** been applied in the last 5 years? (Circle one). **Every year Some years 1 year None**

16. Circle which best describes the person taking the sample?

Farmer/Land Owner Family Member/Employee Agronomist/Soil Scientist District Employee